PTO/SB/22 (04-07)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | |
|---|---------------|---------------------|------------------------------------|---|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | 05408/ | 100l295-US2 |
| Application Number 10/087,207-Conf. #7037 | | | Filed Fe | ebruary 28, 2002 |
| For PRESERVATIVE BLENDS CONTAINING QUATERNARY AMMONIUM COMPOUNDS | | | | |
| Art Unit 1616 | | | Examiner | Alton N. Pryor |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| One month (37 CFF | R 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| Two months (37 CF | | \$450 | \$225 | \$ |
| X Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510 | \$ 1,020.00 |
| Four months (37 CFR 1.17(a)(4)) | | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | | \$2160 | \$1080 | \$ |
| | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| X Payment by credit card. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number04-0100 | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Registration Number | | | 41,151 | <u>, </u> |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | |
| /Jay P. Lessler/ | | | August 2, 2007 | |
| Signature | | | Date | |
| Jay P. Lessler Typed or printed name | | | (212) 527-7765 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| man one signature is required, see below. | | | | |
| X Total of forms are submitted. | | | | |